



HAZARDOUS WASTE INSPECTION REPORT

CONDITIONALLY EXEMPT SMALL QUANTITY GENERATOR

Company name Delval Printing Co.EPA I.D. Number PAD002283281

Employer I.D. Number (E.I.N.) _____

Address 2210 W Cambria StreetCounty PhiladelphiaMunicipality PhiladelphiaZIP 19132Name of Inspector Seth DiLorenzoName & Title of Responsible Official N/APerson Interviewed N/A

Telephone (____) _____

Mailing Address (if different from above) _____

Amount of Hazardous Waste Generated per Month: 0 kg _____ lbsWaste Determination Completed? ☐ Yes ☒ No Waste On-Site Greater Than 1,000 kg. ☐ Yes ☒ No.Universal Waste: Large Quantity Handler? ☐ Small Quantity Handler? ☐

Universal Waste Types _____

1. Waste Handling Method:

- ☐ On-Site in a treatment, storage or disposal facility permitted under Chapter 270a and incorporated sections of 40 CFR Part 270.
- ☐ Off-Site in a treatment, storage or disposal facility permitted under Chapter 270a and incorporated sections of 40 CFR Part 270 or having interim status under Chapter 265a and incorporated sections of 40 CFR Part 265.
- ☐ On-Site treatment & off-site treatment, storage or disposal in compliance with 40 CFR Section 261.5 and 25 PA Code Section 261a.5.
- ☐ Off-Site in a permitted municipal or industrial facility in another state.
- ☐ Off-Site to a facility which beneficially uses or reuses, or legitimately recycles or reclaims its waste.
- ☐ Off-Site to a facility that treats waste prior to beneficial use or reuse, or legitimately recycles or reclaims its waste.

2. Hazardous Waste Transportation:**Self transportation**☐ yes☐ no

If no: Transporter Name _____

License Number _____

3. Types of hazardous waste generated and destination facility (location & type).

Waste Code	Waste Description	Destination Facility
	Facility is closed - Since the building was not	
	able to be accessed, it was not determined	
	whether any HW is still stored at the site.	

RCRAInfo CM&E EVALUATION – VIOLATION FORM

*EPA ID Number		PAD002283281			EIN	
Handler Name		Delval Printing Co.				
Street		2210 W. Cambria Street				
City		Philadelphia	State	PA	Zip Code	19132
Actual Generator Status <i>Check only if different from Notified Status.</i>			LQG <input type="checkbox"/>	SQG <input type="checkbox"/>	CESQG <input type="checkbox"/>	Closed <input checked="" type="checkbox"/> Non-Handler <input type="checkbox"/>
Universe Change Required? <i>(Generator Status Change Required)</i>			YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> If YES, complete the Universe Change Section (on reverse side of this form).			
RCRA Non-Notifier?			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If YES, complete the Handler Section (on reverse side of this form).			
Other Facility Information Changes?			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If YES, complete the Handler Section (on reverse side of this form).			
*EVALUATION <input checked="" type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete You must provide an Evaluation Identifier (also known as the Sequence Number).						
*Evaluation Identifier	*Type	*Evaluation Start Date (mm/dd/yyyy)	*Agency	Responsible Person	Suborganization	
001	CEI	8/25/2006	S	SED	WM	
Day Zero (mm/dd/yyyy): <i>You need to specify Day Zero for all evaluation types except CDI, CSE, FUI, SNN, and SNN, otherwise it defaults to Evaluation Start Date. For CDI, CSE, FUI, and SNN evaluations, you must select a previous CEI Start Date for the Day Zero. SNN evaluation type does not require a Day Zero.</i>			8/25/2006		Reclassified SV Date: <i>Only applicable for SNN evaluation type as appropriate.</i>	
Notes: Facility does not exist – No HW generated at this location						

Evaluation Indicator Field (Check all that apply)			
<input type="checkbox"/> Citizen Complaint	<input type="checkbox"/> Multimedia Inspection	<input type="checkbox"/> Sampling	<input type="checkbox"/> Not Subtitle C
Focused Coverage Areas (Use Only for Evaluation Type FCI)			
<i>Regulation-Specific FCI</i>			
BIF <input type="checkbox"/>	CCI <input type="checkbox"/>	CFI <input type="checkbox"/>	INC <input type="checkbox"/> LDR <input type="checkbox"/> PTB <input type="checkbox"/> PTX <input type="checkbox"/>
THI <input type="checkbox"/>	UIC <input type="checkbox"/>	UOI <input type="checkbox"/>	UWR <input type="checkbox"/> OTHER (specify): _____
<i>Routine/Standardized FCI</i>			
CAR <input type="checkbox"/>	CPC <input type="checkbox"/>	DOS <input type="checkbox"/>	EMR <input type="checkbox"/> IEI <input type="checkbox"/> ISI <input type="checkbox"/> RTI <input type="checkbox"/>

Does this Evaluation Add/Update/Delete a Violation?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	If Yes, fill in the Violations Section(s) on page 2 of this form.
Does this Evaluation link to a Commitment?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	If Yes, please use the RCRAInfo 3007 Information Requests and Commitments Form.
Does this Evaluation link to a 3007 Request?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	If Yes, please use the RCRAInfo 3007 Information Requests and Commitments Form.
OUTSTANDING VIOLATIONS COVERED BY ABOVE EVALUATION? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		If Yes, fill in information below.

*Seq. No.	*Violation Type	*Agency	*Regulation Citation (Type + Citation) (ex. FR 262.1)	*Date Determined (mm/dd/yyyy)

*Required Fields

EPA ID Number				Handler Name			
PAD002283281				DelVal Printing Co.			

VIOLATIONS SECTION						
(Additional Violations can be added/updated/deleted using the RCRAInfo CM&E Additional Violations Form)						
VIOLATION <input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete						Link to Above Evaluation <input type="checkbox"/>
Seq. No	Violation Type	Agency	Determined Date (mm/dd/yyyy)	Return to Compliance (RTC) Qualifier	Actual RTC Date (mm/dd/yyyy)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<small>A RTC Qualifier is required if entering an Actual RTC Date.</small>	
Notes: <input type="text"/>						
LINK CITATIONS TO ABOVE VIOLATION? YES <input type="checkbox"/> NO <input type="checkbox"/>				If Yes, fill in information below		
Citation Type		Citation		Citation Type		Citation
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

VIOLATION <input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete						Link to Above Evaluation <input type="checkbox"/>
Seq. No	Violation Type	Agency	Determined Date (mm/dd/yyyy)	Return to Compliance (RTC) Qualifier	Actual RTC Date (mm/dd/yyyy)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<small>A RTC Qualifier is required if entering an Actual RTC Date.</small>	
Notes: <input type="text"/>						
LINK CITATIONS TO ABOVE VIOLATION? YES <input type="checkbox"/> NO <input type="checkbox"/>				If Yes, fill in information below		
Citation Type		Citation		Citation Type		Citation
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

HANDLER SECTION (Fill out if RCRA Non-Notifier)					
Handler Name			Contact		
Street					
City			State	Zip Code	
County					

UNIVERSE CHANGE SECTION (Fill out if Universe Change Required)	
i. Indicate the Facility's current Universe(s): SQG	
ii. Indicate the new RCRAInfo Generator Universe: <small>Note: All TSD activity changes must be handled by the IOR and cannot be made using this form.</small>	LQG <input type="checkbox"/> SQG <input type="checkbox"/> CEG <input type="checkbox"/> Non-Handler <input type="checkbox"/> Closed <input checked="" type="checkbox"/>
iii. Indicate the new transporter status: <small>(Only fill out if the facility requires a transporter status change)</small>	<div style="display: flex; justify-content: space-between;"> <div> Transporter <input type="checkbox"/> <small>If the transporter box is checked, you must check at least one mode of transportation below:</small> <input type="checkbox"/> Air <input type="checkbox"/> Water <input type="checkbox"/> Rail <input type="checkbox"/> Other <input type="checkbox"/> Highway </div> <div> Non-Transporter <input type="checkbox"/> <small>Check non-transporter if the facility is currently listed in RCRAInfo as a transporter AND no longer transports hazardous waste.</small> </div> </div>

*Required Fields